

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST LYELL P COOK						
STREET ADDRESS 11391 EDINBORO RD						
CITY EDINBORO			STATE PA	ZIP CODE 16412 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE CORONER		DISTRICT NO. -	PARTY REP	DATE OF ELECTION	
					MO.	DAY YEAR
6TH TUESDAY PRE-PRIMARY	1.				11	3 2015
2ND FRIDAY PRE-PRIMARY	2.					
30 DAY POST-PRIMARY	3.					
6TH TUESDAY PRE-ELECTION	4.					
2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6.					
ANNUAL REPORT	7. <input checked="" type="checkbox"/>					

DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
MO. DAY YEAR	TO	MO. DAY YEAR	
1 1 17		12 31 17	

CASH BALANCE AT END OF REPORTING PERIOD: \$ 0	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0	

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

2018 JAN 19 PM 3:02
 ERIE COUNTY
 VOTER REGISTRATION

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

19th DAY OF **January** 20**18**

Lonia Wilt
SIGNATURE

MY COMMISSION EXPIRES **4-3-19**
MO. DAY YR.

[Signature]
SIGNATURE OF PERSON SUBMITTING REPORT

LYELL P COOK
PRINTED NAME

814 **452-2911**
AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

PART II
Notary Public

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

My Commission Expires April 3, 2019

MEMBER, PENNSYLVANIA I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF 20

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER